

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		3/19
O.I.P.E. CLASSIFIER		8	3-24-99
FORMALITY REVIEW	HA	43390	3/30/99

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Final	Original	Date
1			6/4/99
2			10/11/99
3			11/19/99
4			11/19/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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